## OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND DISTRIBUTION APPLICATION

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	CPC Women's Health Resource
Federal Tax ID Number	和於但"公司"(中部第四次中部)
Street Address	1410 W. High St. Programme and the state of
City, State Zip code	Bryan, OH. 43506
County of Location Providing Services (One Application Per Location)	Williams
Address where ODH should Direct Payment	1410 W. High St Bryan, OH 43506
Countles of Service This location serves women from the following countles:	Williams
Name of Person and Title completing application	Janet Burkholder, Bookkeeper
Area Code/Phone Number	419-636-5692
Email	janet@cpcnwo.org
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- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01:
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women:
  - E. Does not charge pregnant women for any services received;

- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or proabortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.
- III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.
- **IV. For Current Choose Life Organizations:** By June 1, 2016, you must submit the following with this Application:
  - A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
    - An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or
    - 2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
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      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,
    - 3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not

available at the time of application. This form may be found on the ODH website or available upon request; and,

4. A new Supplier Information Form. (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

#### http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

## V. For New Choose Life Organization Applicants: By June 1, 2016 submit the following:

• One (1) original, signed <u>W-9</u> form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

Completed <u>Supplier Information Form</u>

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

• Completed Authorization Agreement for <u>Direct Deposit of EFT Payments</u> form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

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VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my

knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/23/16 Date

Signature of Person Completing Application

Janet Burkholder, Bookkeeper [Print Name & Title]

### Application to be submitted to:

Ohio Department of Health Bureau of Maternal and Child Health 246 North High Street, 6<sup>th</sup> floor Columbus, OH 43215 Attention: Marius Igwe

Phone: 614.466.4634

Email: Marius.lgwe@odh.ohlo.gov

## Form (Rev. October 2007) Department of the Treasury

Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

2				
ebad uo	Business name, if different from above			
or type uctions	Check appropriate box ☐ individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited Bability company. Enter the tax classification (D-diaregarded entity, C-corporation, P-part ☐ Other (see Instructions) ► Non-Profit			Exempt payee
Print ciffic instr	Address (number, street, and apt, or suits no.)  1410 W. Nigh St.  City, state, and ZIP code	Requester	's name and ac Depotant	dress (optional),
See Spe	Est account number(s) here (optional)			
Pair	Taxpayer Identification Number (TIN)			
back. allen,	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to up withholding. For includuals, this is your social security number (SSN). However, for a residual sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities employer identification number (EIN), if you do not have a number, see how to get a TIN on a	ient , it is	Social securi	ty number
	If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.		Employer Ide	ntification number
Pari	Certification			
Under	penalties of perjury, I certify that:			
	se number shown on this form is my correct texpayer identification number (or I am waiting for	_		
Re	im not subject to backup withholding because: (a) I am exempt from backup withholding, or evenue Service (IRS) that I am subject to backup withholding as a result of a failure to report diffed me that I am no longer subject to backup withholding, and			
Certifi withho For nik strang	m a U.S. citizan or other U.S. person (defined below).  Gation trastructions. You must cross out item 2 above if you have been notified by the IRS taking because you have falled to report all interest and dividends on your tax return. For real citizage interest paid, acquisition or abstriction at 5 accuracy property, cancellation of debt, a sment (IRA), and generally, payments other than interest and dividends, you are not required a your correct TIN. See the instructions on page 4.	estate tr Shtributi	ensactions, it one to an Ind	em 2 dose not apply. Midual retirement

## General Instructions

Signature of

U.S. person

Section references are to the internal Revenue Code unless otherwise noted.

#### Purpose of Form

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Here

A person who is required to file an information return with the IRS must obtain your correct texpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An Individual who is a U.S. citizen or U.S. resident allen,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership knowns.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,



## SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. <u>Incomplete forms will be returned</u>. All information must be legible. Ensure this is the latest version of the form at <u>www.ohiosharedservices.ohio.gov</u>.

SECTION ( PLEASE SPECIFY TYPE OF ACTION (	REQUIRED)	在2.1600.000000000000000000000000000000000		
NEW (W-9 OR W-SEC) FORM ATTACHED) CHANG	SE OF CONTACT PE	RSON/INFORMATON		
ADDITIONAL ADDRESS				
CHANGE OF ADDRESS - (PLEASE PROVIDE OLD ADD	RESS BELOW OR	ATTACH LETTER)		
ADDRESS TO BE REPLACED:				
CHANGE OF TIN (W-9 & A CHANGE OF TIN FORM)  CHANGE OF PAY TERMS CHANGE OF PO DISPA		F NAME (W-9 & A CHANGE OF NAME FORM)		
SECTION 2 - PLEASE PROVIDE SUPPLIER INFORMA		) 左脚跨 其,他是是从一次是1970年的共享		
LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W	SHEET TO SHEET THE PARTY OF THE	A second contract of the second second contract of the second contract of		
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF		ABOVE)		
FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUM	BER (86N) <sup>1</sup> :			
SECTION 3 - REMIT TO ADDRESS (REQUIRED)	和明即為阿里	1964年於1864年1864年1864年1864年1864年1864年1864年1864年		
ADDRESS: 1410 W. High St.		COUNTY: Williams		
ADDRESS (GONT.):		•		
CITY: Bryan	STATE:	ZIP CODE: 43506		
CONTACT NAME:		78200		
Janet Burkholder				
PHONE: 419. 636. 5692 FAX: 19. 636	. 3096	E-MAIL:   cherale org		
SECTION 4 - ADDITIONAL ADDRESS (IF MORE THAN	ADDRESSES, IN	CLUDE A SEPARATE SHEET)		
ADDRESS:		COUNTY:		
ADDRESS (CONT.):				
СПУ:	STATE:	ZIP CODE:		

SECTION 5 - CONTACT PERSON TO RECEIVE E-MAIL NO BE SENT TO THE E-MAIL ADDRESS BELOW - (BUSINESS)	ICE OF BID EVENTS - A USER ID & PASSWORD WILL
NAME: Janet Burkholder	The state of the s
E-MAIL: janet @ cocnwo. org.	
TO ADD AN ADDITITIONAL OR TO REPLACE THE CURRENT S	TRATEGIC SOURCING (SS) CONTACT
ADDITIONAL STRATEGIC SOURCING CONTACT	REPLACE SS CONTACT (WILL BE MARKED INACTIVE)
NAME:	
E-MAIL:	
SECTION S PAYMENT TERMS (PLEASE CHECK ONE IF N Involces will be paid in 30 days from involce date unless an atterna	ONE IS SELECTED THEN NET 30 WILL APPLY te pay-term is selected below
2/10 NET 30 NET 30	
SECTION 7 - PURCHASE ORDER DISTRIBUTION-OTHER TH	IAN.USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POS):
E-MAIL OR FAX:	
SECTION 8 - PLEASE SIGN & DATE (REQUIRED)	(1) 中国 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10
PRINT NAME:	
Janet Burkholder	
SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED)	DATE:
Ganet Burkfolder	6-6-16
SECTION 9 - STATE OF OHIO AGENCY, CONTACT PERSON (	AGENCY, RECEIVING PAYMENTS FROM)
AGENCY CONTACT NAME/E-MAIL/PHONE:	
COLINATAINE.	
COMMENTS:	
Note: This document contains consider Information Construction	
Note: This document contains sensitive information, Sending via non-se Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Soci	cure channels, including e-mail and fax can be a potential security ha al Security numbers and to use the numbers in its annual report to the
IRS the amount the state has paid each supplier.	·
SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:	QUESTIONS? PLEASE CONTACT:
<b>建筑性、数据特别的人,对图1000年,1910年</b>	Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
Email: supplier@ohio.gov Fax: 12(614) 485-1052	1 (614) 338-4781  Website: www.ohiosharedservices.ohio.gov/
Mail: Ohio Shared Services	Email: supplier@chio.gov
Attn: Supplier Operations P.O. Box 182880 Cols 2 OH 43218-2880	
	等的。 <b>就</b> 使用我一种的数据的数据,但是是一个人的,我们就是这个人的,我们就是这个人的,我们就是这个人的。



## **CHANGE OF SUPPLIER NAME FORM**

This form must be submitted with a completed Supplier Information SECTION 1 - NEW NAME INFORMATION	Form and a completed W9 Form
NEW LEGAL BUSINESS NAME:	
CPC Women's Health Resource	
NEW DBA NAME/S (IF APPLICABLE):	
SECTION 2 - PREVIOUS NAME INFORMATION	
PREVIOUS LEGAL BUSINESS NAME:	
Community Pregnancy Centers of	Northwest Ohio
PREVIOUS DBA NAME/S (IF APPLICABLE):	
SECTION 3. DELECTION STORY	
SECTION 3 - REASON FOR THE NAME CHANGE AND ADDITIONAL COMM	ENTS
The board fult the new name better we offer.	reflected the services
SECTION 4—TAX IDENTIFICATION NUMBER FEDERAL TAX ID (TIN), EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (RE	QUIRED <sup>1</sup> ):
SECTION 5- PLEASE SIGN AND DATE	
PRINT NAME: Janet Barkholder  Authorized Signature: Authorized	DATE:
CONTACT	CONTACT PHONE NUMBER:
E-MAIL ADDRESS Janet @ CPC nwo. org	419-636-5692
tote: This document does contain sensitive information. Sending via non-secure channels, Pursuant to 26 USC 6109, the state is required to collect TiN/EIN/Social Security numbers a mount the state has paid each vendor.	ncluding e-mail and fax can be a potential security risk.  Indito use the numbers in its annual report to the IRS the
Phone: E-mail: supplier@ohlo.gov Fax: 1 (614) 485-1052  Website	1 (877) OHIO-SS1 (1-877-844-6771) 1 (614) 338-4781 www.OhioSharedServices.ohio.gov supplier@ohio.gov



Please review the instructions available on page 2 prior to completing this form.

## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS**

SECTION 1: CONTACT INFORMATION	N .: 1		
TAX IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)			
Please note: We are required to obtain your T IRS as required by law.	ox identification Number pursuant to Se	ction 6109 of the Internal Revenue Code so	that we can report income paid to you to the
NAME OF COMPANY OR INDIVIDUAL	CPC Women's A	lealth Resource	Type of transaction
ÄDDRESS	1410 W. High STREET Bryan	St.  SUITE/ROOM#  OH 4350  STATE ZIP CO	
PHONE	419-636-5	692	
EMAIL ADDRESS  CHOOSE THE STATE AGENCY FROM	Janet@cpcnwo.	org OOD/PCA LOTTERY	WINNER ALL OTHER
WHICH YOU ARE BEING REIMBURSED	PR	OVIDER#	
	(PROVIDERM, NPM, ASSIGNING AUTHORITY required)	SIGNING ITHORITY	BOOK TOWN TO THE LOCAL PROPERTY OF THE LOCAL
SECTION 2: NEW FINANCIAL INFORM	MATION . ;:	SECTION 3: PRIOR FINANCIAL INF	ORMATION
NEW ACCOUNT NUMBER  Account Number supplied must match at NEW TRANSIT ROUTING  /ABA NUMBER	Fed Bank of the mides  KING SAVINGS  tached bank verification	PRIOR FINANCIAL INSTITUTION NAME  PRIOR ACCOUNT NUMBER  Account Number supplied must match PRIOR TRANSIT ROUTING /ABA NUMBER  Routing Number supplied must match	previous Routing Number on file
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	thedu Jan	et Burkholder	5/23/16
Jan Pu	A DWG III	e puriodistanti	700/10
Émail:	Select one of the following	methods to submit this form: {	Fax;
supplier@ohlo.gov	41	Attn: Supplier Operations	1-614-485-1052

CPC Women's Health Resource
1410 W HIGH STREET
BRYAN, OH 43506

PAY TO THE
ORDER OF
Janet Burkholder
Ninety-Five and 93/100%\*\*\*

Janet Burkholder
Wellos

WEllos

## OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND DISTRIBUTION APPLICATION

**Interested Organizations:** This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	CPC Women's Health Resource
Federal Tax ID Number	
Street Address	1499 N. Glenwood Ave.
City, State Zip code	Wauseon, OH 43567
County of Location Providing Services (One Application Per Location)	Fulton
Address where ODH should Direct Payment	1410 W. High St. Bryan: OH 43506
Countles of Service This location serves women from the following countles:	Fulton, Lucas
Name of Person and Title completing application	Janet Burkholder, Bookkeeper
Area Code/Phone Number	419-636-5692
Email	janet@cpcnwo.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01:
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohlo to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women:
  - E. Does not charge pregnant women for any services received;

- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or proabortion advertising;
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By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my

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5/23/16 Date

Signature of Person Completing Application

Janet Burkholder, Bookkeeper [Print Name & Title]

### Application to be submitted to:

Ohio Department of Health Bureau of Maternal and Child Health 246 North High Street, 6<sup>th</sup> floor Columbus, OH 43215 Attention: Marius Igwe

Phone: 614.466,4634

Email: Marius.lgwe@odh.ohio.gov

## (Rev. October 2007) Department of the Treasury mel Revenue Service

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

on page 2.	Name (as shown on your income tax return)  CPC Wemen's Health Resource  Business name, if different from above			V
Print or type See Specific Instructions o	Check appropriate box: ☐ inclividual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Erner the tax classification (D-disregarded entity, C-corporation, P-ps ☐ Cther (see instructions) ► Nov. Profit			Exampt payee
F F	Address (number, street, and apt, or suite no.)  1410 W. Nigh St.	Requester's	neme and a	icidrees (optiones),
Speck	Dryan OH 43506			
Par	List account number(s) here (optional)  Taxpayer Identification Number (TIN)			
backu alien,	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 is p withholding. For individuals, this is your social security number (SSN). However, for a resole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entitions are identification number (EIN). If you do not have a number, see How to get a TIN on	ident e, it is	Social secu	rity number
Note.	If the account is in more than one name, see the chart on page 4 for guidelines on whose or to enter.		Employer Id	entification number
Part	Certification			
Under	penalties of perjury, I certify that:			
1. Th	e number shown on this form is my correct texpayer identification number (or I am waiting	for a numb	er to be les	wed to me), and
Re	m not subject to backup withholding because: (a) I am exempt from backup withholding, o wenue Service (IRS) that I am subject to backup withholding as a result of a fallure to repor tified me that I am no longer subject to backup withholding, and	(b) I have t all interes	not been in t or dividen	otified by the Internal ids, or (c) the IRS has
3. lau	m a U.S. citizen or other U.S. person (defined below).			
withhol For mo emange	Cartion Instructions. You must cross out item 2 above if you have been notified by the IRS iding because you have falled to report all interest and dividends on your tax return. For re- ortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, sment (IRA), and generally, payments other than interest and dividends, you are not require a your correct TIN. See the instructions on page 4.	il estate tra contribution	nsactions, ns to an in	item 2 does not apply. dividual retirement

### U.S. person ▶ General Instructions

Signature of

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

Sign

Here

A person who is required to file an information return with the IRS must obtain your correct texpayer identification number (IIIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exampt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

An individual who is a U.S. citizen or U.S. resident alien,

Date > 2/17

- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section) 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax.

Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,



## SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. <u>Incomplete forms will be returned</u>. All information must be legible. Ensure this is the latest version of the form at <u>www.ohlosharedservices.ohlo.gov</u>.

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CHANGE OF ADDRESS - (PLEASE PROVIDE OLD ADD	RESS BELOW OR A	ATTACH LETTER)		
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CHANGE OF PAY TERMS CHANGE OF PO DISPA	ATCH METHOD [	OTHER		
SECTION 2 - PLEASE PROVIDE SUPPLIER INFORMA	ATION (REQUIRED			
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	esource			
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF	DIFFERENT THAN A	BOVE)		
FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUM	BER (SSN)1:			
	Į			
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ADDRESS (CON1.):				
CITY:	STATE:	ZIP CODE:		
Bryan	OH	43506		
CONTACT NAME:				
Janet Burkholder				
PHONE: 419-436-5692 FAX: 419-436	. 3096	E-MAIL:   enetacpenwo.org		
SECTION 4 ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INC. +DE A SEPARATE SHEET)				
ADDRESS:		COUNTY:		
ADDRESS (CONT.):				
CITY:	07477			
on r.	STATE:	ZIP CODE:		

BECTION 8 CONTACT PERSON TO RECEIVE E MALE NOTICE OF BID EVENTS A USER ID & PASSWORD WILL BE SENT TO THE EMAL APPRESS SELOW (BUSINESSES ONLY)  NAME: Janet Burkholder  E-MAIL: Janet Burkholder  E-MAIL: Janet Burkholder  I ADDITIONAL STRATEGIC SOURCING CONTACT REPLACE THE CURRENT STRATEGIC SOURCING (SS) CONTACT  ADDITIONAL STRATEGIC SOURCING CONTACT REPLACE SS CONTACT (WILL BE MARKED INACTIVE)  NAME:  E-MAIL:  SECTION 6 - PAYMENT TERMS (PLEASE CHECK ONE - IF NONE IS SELECTED THEN NET 30 WILL APPLY Invoices will be paid in 30 days from invoice date unless an alternate pay-term is selected below  2/10 NET 30 NET 30  SECTION 7 - PURCHASE ORDER DISTRIBUTION—OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POS)  E-MAIL OR FAX:  SECTION 8 - PLEASE SIGN & DATE (REQUIRED)  PRINT NAME:  Janet Burkholder  G-6-16  SECTION 9 - STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)  AGENCY CONTACT NAME/E-MAIL/PHONE:  COMMENTS:
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COMMENTS:
F.M.
iote: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security represents to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to to
RS the amount the state has paid each supplier.
SELECT, ONE OF THE FOLLOWING METHODS FOR QUESTIONS? PLEASE CONTACT:
Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
Email: <u>supplier@ohio.gov</u> 1 (614) 338-4781  Fax: 1 (614) 485-1052 Website: <u>www.ohiosharedservices.ohio.gov/</u>
Mail: Ohio Shared Services Email: supplier@ohio.gov Attn: Supplier Operations
P.O. Box 182880 Cols., OH 43218-2880



## **CHANGE OF SUPPLIER NAME FORM**

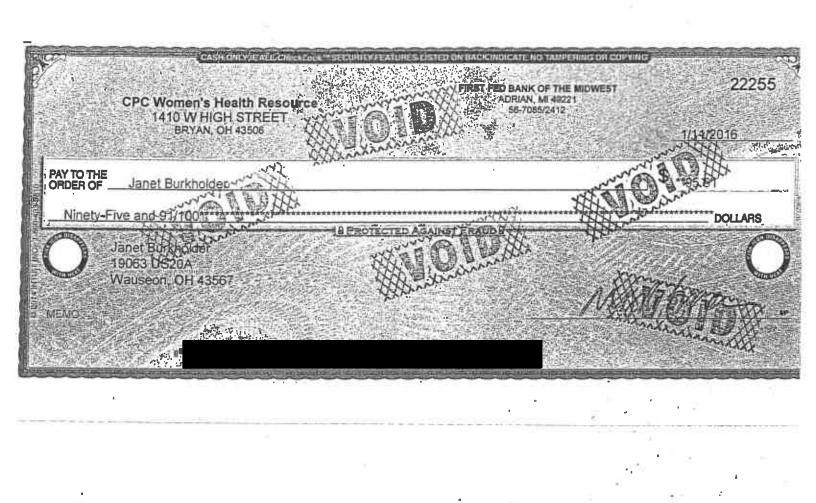
This form must be submitted with a completed Supplier Information i SECTION 1 - NEW NAME INFORMATION	Form and a completed W9 Form
NEW LEGAL BUSINESS NAME:	SAME A DIMER DANGER OF THE RES
CPC Women's Health Resource	
NEW DBA NAME/S (IF APPLICABLE):	
SECTION 2 - PREVIOUS NAME INFORMATION	AND THE PROPERTY OF THE PARTY O
PREVIOUS LEGAL BUSINESS NAME:	
Community Pregnancy Centers of A PREVIOUS DBA NAME/S (IF APPLICABLE):	Corthwest Ohio
TATELOADLE,	
SECTION 3 - REASON FOR THE NAME CHANGE AND ADDITIONAL COMME	ENTS
The board felt the new name better we offer.	reflected the services
SECTION 4 - TAX IDENTIFICATION NUMBER  FEDERAL TAX ID (TIN), EMPLOYER ID (EIN) OR BOCIAL SECURITY NUMBER (REQ	UIRED '):
SECTION 5- PLEASE SIGN AND DATE	
AUTHORIZED SIGNATURE: Janet Burtholder  CONTACT E-MAIL ADDRESS Janet @ Cocnwo.org	DATE: 6-6-16 CONTACT PHONE NUMBER: 419-636-5692
lote: This document does contain sensitive information. Sending via non-secure channels, in Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers an nount the state has paid each vendor.	
OCUMENT SUBMISSION:  E-mail: supplier@ohio.gov	1 (877) OHIO-SS1 (1-877-644-6771) 1 (614) 338-4781 www.OhioSharedServices.ohio.gov suppiler@ohio.gov



Please review the instructions available on page 2 prior to completing this form.

## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS**

SECTION 1: CONTACT INFORMATIO	N .:		
TAX IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)			
Please note: We are required to obtain your ? IRS as required by law.	ax identification Number pursuant to S	Section 6109 of the internal Revenue Code so that t	we can report income paid to you to the
NAME OF COMPANY OR INDIVIDUAL	1	Health Resource	TYPE OF TRANSACTION
ADDRESS	1410 W. High	SJ. SUITE/ROOM#	ADD  CHANGE/UPDATE
	Dryan	STATE ZIP CODE	INACTIVATE
PHONE	419-636-2	569.2	
EMAIL ADDRESS	janet@conwo.	org	
CHOOSE THE STATE AGENCY FROM	DODD	OOD/PCA LOTTERY WIN	INER ALL OTHER
WHICH YOU ARE BEING REIMBURSED	MEDICAID PROVIDER (PROVIDERS, NPSS, ASSIGNING AUTHORITY required)	ROVIDER# PI # SSIGNING UTHORITY	
SECTION 2: NEW FINANCIAL INFORM	IATION,;:	SECTION 3: PRIOR FINANCIAL INFORM	MATION
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14.0		letter on bank letterhead signed by a bank re	
I have printed and signed the form		# & Provider Number matches the informatio	n in the MIIS Medicald Web Portal.
X gami Bur	blildu Jan	et Burkholder	5/23/16
Émail:		methods to submit this form:	Fax:
supolier@onio.gov	Ohio Shared Services,	Mail: Attn: Supplier Operations lumbus, OH 43218-2880	1-614-485-1052



## OHIO DEPARTMENT OF HEALTH



246 North High Street Columbus, Ohio 43215

614/466-3543 www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Janet Burkholder CPC Women's Health Resource 1410 W. High Street Bryan, OH 43506.

Tax ID:

Dear Burkholder:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

•	Henry	\$60
•	Fulton	\$140
•	Defiance	\$240
•	Paulding	\$160
•	Putnam	\$100
•	Van Wert	\$60
•	Wood	\$170
•	Williams	\$60

Your application was not approved for the following county(s) for the following reason(s):

Lucas other applicant organization located in county.

Enclosed is a copy of your contract as submitted. You should receive your award totaling \$930 within the next 30 days.

If you have any questions about the Choose Life Program, please contact Marius Igwe at 614-466-4634. Again, thank you for your interest.

Sincerely,

Richard Hodges Director of Health, MPA

# OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND DISTRIBUTION APPLICATION

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

i. ODH and Organization Information.

Organization	CPC Women's Health Resource
Federal Tax ID Number	THE STREET AND ASSESSED TO THE STREET AND ASSESSED.
Street Address	1410 W. High St. 1
City, State Zip code	Bryan, OH. 43506
County of Location Providing Services (One Application Per Location)	Williams
Address where ODH should Direct Payment	1410 W. High St Bryan, OH 43506
Counties of Service This location serves women from the following counties:	Williams
lame of Person and Title completing application	Janet Burkholder, Bookkeeper
Area Code/Phone Number	419-636-5692
Email	janet@cpcnwo.org

- li. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women:
  - E. Does not charge pregnant women for any services received;

- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.
- iII. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.
- IV. For Current Choose Life Organizations: By June 1, 2016, you must submit the following with this Application:
  - A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
    - An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or
    - 2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or.
    - 3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not

available at the time of application. This form may be found on the ODH website or available upon request; and,

4. A new Supplier Information Form. (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

http://ohlosharedservices.ohio.gov/SupplierOperations/Forms.aspx

Assistance in completing the form(s) can be obtained directly from Ohlo Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

- V. For New Choose Life Organization Applicants: By June 1, 2016 submit the following:
  - One (1) original, signed <u>W-9</u> form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed <u>Supplier Information Form</u>
  - In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and
- Completed Authorization Agreement for <u>Direct Deposit of EFT Payments</u> form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016—May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my

knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/23/16 Date

Signature of Person Completing Application

Janet Burkholder, Bookkeeper [Print Name & Title]

## Application to be submitted to:

Ohio Department of Health Bureau of Maternal and Child Health 246 North High Street, 6<sup>th</sup> floor Columbus, OH 43215 Attention: Marius Igwe

Phone: 614.466.4634

Email: Marius.lgwe@odh.ohio.gov

Form (Rev. October 2007) Department of the Transury

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not ad to the IB

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page 2.	Name (as shown on your income tax return)  CPC Wennens Health Ke	Source		
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Į.	Address (number, street, and apt, or suits no.)		Requester's name and a	//
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<u>g</u>	Dryan DH 43504		•	y
8	List appoint number(a) here (optional)			
Part				
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	the account is in more than one name, see the chart on page to enter.	4 for guidelines on whose	Frank	100
Parit'l	Certification			
Under p	enaities of perjury, I certify that:			
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Sign Here	Signature of		11	
	U.B. person > Janet Durchelder	Dute, I	- 3/14/16	
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- TO 101 17 19 19	ioleg,	<ul> <li>An individual who is a</li> </ul>	U.S. citizen or U.S.	resident alien.
	se of Form	<ul> <li>A partnership, corpora organized in the United 8 States</li> </ul>	Hon commons	
	who is required to file an information return with the obtain your correct texpayer identification number (TIN)	C LELLOD,		iwa oi the United
to report, 1	for example, income paid to you, real estate	An estate (other than a     A domestic trust (as de	foreign estate), or	
	ent of secured property consultation or	301.7701-7).		
contribution	ns you made to an IRA.	Special rules for partner	ships, Partnerships	that conduct a

trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a a par

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable shere of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

- 1. Certify that the TIN you are giving is correct (or you are walting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note, if a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.



## SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. <u>Incomplete forms will be returned</u>. All information must be legible. Ensure this is the latest version of the form at <u>www.ohiosharedservices.ohio.gov</u>.

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SELECT	ONE OF THE FOLLOWING METHODS FOR	QUESTIONS	S? PLEASE CONTACT:
Email Fax: Mall:	Supplier@ohio.gov 1'(814) 485-1052 Ohio Shared Services Atta: Supplier Operations P.O: Box 182880 Cols., OH 43218-2880	Website: w	(877) OHIO - SS1 (1-877-644-6771) (614) 338-4781 ww.ohiosharedservices.ohio.gov/ ipplier@ohio.gov

OBM-5657

Rev. 09/08/2015



## **CHANGE OF SUPPLIER NAME FORM**

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REVIOUS LEGAL BUSINESS NAME:	
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Please review the instructions available on page 2 prior to completing this form.

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

TAX IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)  Please note: We are required to obtain you iRS as required by law.  NAME OF COMPANY OR INDIVIDUAL	I Tax Identification Number pursuant	to Section 6109 of the Inte	and Reserve Code to their way	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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PED BANK OF THE MIDWEST ADRIAN, MI 49221 56-7085/2412 22255 CPC Women's Health Resource 1410 W HIGH STREET BRYAN, OH 43506 PAY TO THE ORDER OF DOLLARS Janet Borkh 19063 DS20A Wauseon, OH 43567 MEMO:

## OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND DISTRIBUTION APPLICATION

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	CPC Women's Health Resource
Federal Tax ID Number	
Street Address	1330 N. Scott St.
City, State Zip code	Napoleon, OH 43545
County of Location Providing Services (One Application Per Location)	Henry
Address where ODH should Direct Payment	1410 W. High St. Bryan, OH 43506
Countles of Service This location serves women from the following countles:	Henry
Name of Person and Title completing application	Janet Burkholder, Bookkeeper
Area Code/Phone Number	419-636-5692
Email	janet@cpcnwo.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;

- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or proabortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.
- III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.
- **IV. For Current Choose Life Organizations:** By June 1, 2016, you must submit the following with this Application:
  - A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
    - 1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or
    - 2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,
    - 3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not

available at the time of application. This form may be found on the ODH website or available upon request; and,

4. A new Supplier Information Form. (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mall the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

#### http://ohiosharedservices.ohlo.gov/SupplierOperations/Forms.aspx

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

#### V. For New Choose Life Organization Applicants: By June 1, 2016 submit the following:

• One (1) original, signed <u>W-9</u> form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form: and

Completed <u>Supplier Information Form</u>

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

• Completed Authorization Agreement for <u>Direct Deposit of EFT Payments</u> form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

### http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my

knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

Date

Signature of Person Completing Application

Janet Burkholder, Bookkeeper [Print Name & Title]

### Application to be submitted to:

Ohio Department of Health Bureau of Maternal and Child Health 246 North High Street, 6<sup>th</sup> floor Columbus, OH 43215 Attention: Marius Igwe

Phone: 614.466.4634

Email: Marius.lgwe@odh.ohio.gov

(Rev. October 2007)

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not

Internal	Revenue Service			selid to the 122
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3. ! am (	U.S. citizen or o	ther U.S. person (defined below).		
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Sign Here	Signature of U.S. person ► (	Danet Burkledder	Duto > 5/19	1/16
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A 1F to Î'n contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TiN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exampt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note, if a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Special rules for partnerships, Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership Income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,



### SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. <u>Incomplete forms will be returned</u>. All information must be legible. Ensure this is the latest version of the form at <a href="https://www.ohiosharedeervices.ohio.gov">www.ohiosharedeervices.ohio.gov</a>.

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SECTION S'E CONTACT PERSON TO RECEIVE E-MAIL NO BE SENT TO THE E-MAIL ADDRESS BELOW (BUSINES	OTICE OF BID EVENTS: A USER ID & PASSWORD WILL SES ONLY)
NAME: Janet Burkholder	and the second of the second o
E-MAIL: janet @ cpcnwo.org	
TO ADD AN ADDITITIONAL OR TO REPLACE THE CURRENT	STRATEGIC SOURCING (SS) CONTACT
ADDITIONAL STRATEGIC SOURCING CONTACT	REPLACE SS CONTACT (WILL BE MARKED INACTIVE)
NAME:	
EMAIL	
SECTION 6 - PAYMENT TERMS (PLEASE CHECK ONE - IF Invoices will be paid in 30 days from invoice date unless an altern	NONE IS SELECTED THEN NET 30 WILL APPLY attempts after pay-term is selected below
☐ 2/10 NET 30 ☐ NET 30	
BECTION 7- PURCHASE ORDER DISTRIBUTION-OTHER,	HAN USPS MAIL (ONLY ARE STATEMENT POLY
E-MAIL OR FAX:	TO THOSE PORT OF THE POST OF T
THE STATE OF THE S	Man Control of the State of the
SECTION 8 - PLEASE SIGN & DATE (REQUIRED)	据:"是中的基本类别的对象,并不是一种的对象。 第二章
PRINT NAME:	
Janet Burkholder	
SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED)	DATE.
Janet Surkfolder	DATE: 6-6-16
SECTION 9 - STATE OF OHIO AGENCY CONTACT PERSON	
AGENCY CONTACT NAMEZE-MAIL/PHONE:	(AGENCY, RECEIVING PAYMENTS FROM)
The state of the s	
COMMENTS:	
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Note: This document contains sensitive information. Sending via non-se	SCUTE Channels, including e-mail and fav can be a notantial security at
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RS the amount the state has paid each supplier.	·
应的自己的联系统统,但是基本的联系统统,这一系统是自己的。	
SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:	QUESTIONS? PLEASE CONTACT:
	Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
Email: <u>supplier@ohlo.go</u> v	1 (614) 338-4781
Eax: 1 (814) 485-1052 Mail: Ohio Shared Services	Website: www.ohiosharedservices.ohio.gov/
Attni Supplier Operations	
P.O. Box 182880 Cols., OH 43218-2880	
是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	



## CHANGE OF SUPPLIER NAME FORM

his form must be submitted with a completed Supplier inform SECTION 1 — NEW NAME INFORMATION	nation Form and a completed W9 Form
NEW LEGAL BUSINESS NAME:	
CPC Women's Health Resource	
IEW DBA NAME/S (IF APPLICABLE):	
ECTION 2 - PREVIOUS NAME INFORMATION	Tolkin Tona (Yanazia)
REVIOUS LEGAL BUSINESS NAME:	16-
ommunity Pregnancy Centers o	f Northwest Ohio
REVIOUS DBA NAME/S (IF APPLICABLE):	
CTION 3 - REASON FOR THE NAME CHANGE AND ADDITIONAL	COMMENTS
he board felt the new name bet	ter reflected the Services
se offer.	-
CTION 4-TAX IDENTIFICATION NUMBER	
DERAL TAX ID (TIM), EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBE	ER (REQUIRED): ····
CTION 5- PLEASE SIGN AND DATE TO THE STATE OF THE STATE O	· 自然的 使 海岸 (1007) 数 (2)
NTNAME: Janet Burkholder	DATE:
NATURE: Janet Suntlelder	6-6-16
TACT ML ADDRESS anet @ COCNWO. org	CONTACT PHONE NUMBER:
This document does contain seconds information. Seeding to the	419-636-5692
ment to 26 USC 6108, the state is required to collect TIN/EIN/Social Security num the state has paid each vendor.	bers and to use the numbers in its annual report to the IRS the
the partition of the profit of	建筑建筑水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水
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all: Supplier@ohio.gov	one: 1 (877) OHIO-SS1 (1-877-644-6771)
ail: <u>supplier@ohio.go</u> v 1 (614) 485-1052 We	1 (614) 338-4781
iali: <u>supplier@ohio.go</u> v  1 (614) 485-1052  We Chio Shared Services Attn: Supplier Operations	1 (614) 338-4781



Please review the instructions available on page 2 prior to completing this form.

### **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS**

SECTION 1: CONTACT INFORMATION	ON .: 3			
TAX IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)			10 10 10 10 10 10 10 10 10 10 10 10 10 1	S ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Please note: We are required to obtain your IRS as required by law.	Tax identification Number pursuant to	Section 6109 of the Internal	Revenue Code so that we can	report income paid to you to the
NAME OF COMPANY OR INDIVIDUAL	CPC Women's	Health Res	ource	TYPE OF TRANSACTION
ADDRESS	1410 W. High	√S≠.	E / ROOM#	
	Bryan	OH STATE	43506 ZIP CODE	INACTIVATE
PHONE	419-636.	5692		
EMAIL ADDRESS	janet@cocnico	org		
CHOOSE THE STATE AGENCY FROM	☐ DODD [	OOD/PCA	LOTTERY WINNER	X ALL OTHER
WHICH YOU ARE BEING REIMBURSED	MEDICAID PROVIDER (PROVIDERII, NPIS, ASSIGNING AUTHORITY required)	ROVĮDER# PI# SSIGNING UTHORITY		
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NEW ACCOUNT NUMBER		PRIOR ACCOUNT NUMI	BER	
Account Number supplied must match atta NEW TRANSIT ROUTING		PRIOR TRANSIT ROUTIN	ed must match previous Ac	
ECTION 4: READ THE AGREEMENT, S	IGN, & DATE DIGITAL/TYPED	AND STAMPED SIGNA	TURES ARE NOT ACCEP	TED ATTHIS TIME
I have attached a copy of a current  Medicald PROVIDERS —I have ensu	ared the Name, Address, TIN, NPI#	etter on bank letterhead :	signed by a bank represen	A411-002
1 Jane Dur	childre Jan	et Burkholo	ler	5/23/16
f mail:	Select one of the following	methods to submit this to fail: attn: Supplier Operations		Fax -485-1052
		mbus, OH 43218-2880		

CPC Women's Health Resource
1410 W HIGH STREET
BRYAN OH 43506

PAY TO THE
ORDER OF
Janet Burkholder

Ninety-Five and \$1/100\*

DOLLARS

Janet Burkholder

Wauseon, OH 43567

100

## OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND DISTRIBUTION APPLICATION

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

Organization	CPC Women's Health Resource
Federal Tax ID Number	
Street Address	1410 W. High St.
City, State Zip code	Bryan, OH 43506
County of Location Providing Services (One Application Per Location)	Henry
Address where ODH should Direct Payment	1410.W. High St. Bryan Olf, 43506
Countles of Service This location serves women from the following countles:	Henry I
Name of Person and Title completing application	Janet Burkholder, Bookkeeper
Area Code/Phone Number	419-636-5692
Email	janet@cpcnwo.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;

## OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND DISTRIBUTION APPLICATION

**interested Organizations:** This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

O	CPC Women's Health Resource
Organization	
Federal Tax ID Number	Harry Territory was a second
Street Address	1410 W. High St.
City, State Zip code	Bryan, OH 43506
County of Location Providing Services (One Application Per Location)	Fulton
Address where ODH should Direct Payment	1410 W. High St. Bryan, OH 43506
Counties of Service This location serves women from the following counties:	Fulton, Lucas
Name of Person and Title completing application	Janet Burkholder, Bookkeeper
Area Code/Phone Number	419-636-5692
Email	janet@cpcnwo.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
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  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women:
  - E. Does not charge pregnant women for any services received;

Jaky

# OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND DISTRIBUTION APPLICATION

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Organization	CPC Women's Health Resource	
Federal Tax ID Number		
Street Address	1410 W. High St.	
City, State Zip code	Bryan, OH 43506	
County of Location Providing Services (One Application Per Location)	Defiance	
Address where ODH should Direct Payment	1410 W. High St. Bryan, OH 43506	
Countles of Service This location serves women from the following countles:	Defiance, Paulding, Putnam, Van Wert, Wood	
Name of Person and Title completing application	Janet Burkholder, Bookkeeper	
Area Code/Phone Number	419-636-5692	
Email	janet@cpcnwo.org	

- il. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
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  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women:
  - E. Does not charge pregnant women for any services received;



# OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND DISTRIBUTION APPLICATION

**Interested Organizations:** This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

Organization	CPC Women's Health Resource
Federal Tax ID Number	
Street Address	1410 W. High St.
City, State Zip code	Bryan, OH 43506
County of Location Providing Services (One Application Per Location)	Williams
Address where ODH should Direct Payment	1410 W. High St. Bryan, OH 43506
Countles of Service This location serves women from the following countles:	Williams.
Name of Person and Title completing application	Janet Burkholder, Bookkeeper
Area Code/Phone Number	419-636-5692
Email	janet@cpcnwo.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received:

## OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND DISTRIBUTION APPLICATION

**Interested Organizations:** This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

Organization	CPC Women's Health Resource
Federal Tax ID Number	
Street Address	1997 N. Clinton St.
City, State Zip code	Defiance, OH 43512
County of Location Providing Services (One Application Per Location)	Defiance
Address where ODH should Direct Payment	1410 W. High St. Boyan, OH 43506
Countles of Service This location serves women from the following countles:	Deflance, Paulding; Putnam, Van Wert, Wood
Name of Person and Title completing application	Janet Burkholder, Bookkeeper
Area Code/Phone Number	419-636-5692
Email	janet@cpcnwo.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01:
  - B. Is a private, nonprofit organization:
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women:
  - E. Does not charge pregnant women for any services received;

- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or proabortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.
- III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.
- IV. For Current Choose Life Organizations: By June 1, 2016, you must submit the following with this Application:
  - A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
    - An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or
    - 2. <u>Notarized Financial Statement Form</u>. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,
    - 3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not

available at the time of application. This form may be found on the ODH website or available upon request; and,

4. A new Supplier Information Form. (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

- V. For New Choose Life Organization Applicants: By June 1, 2016 submit the following:
  - One (1) original, signed <u>W-9</u> form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mall the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed <u>Supplier Information Form</u>
  - In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and
- Completed Authorization Agreement for <u>Direct Deposit of EFT Payments</u> form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHiO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my

knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/23/16 Date

Signature of Person Completing Application

Janet Burkholder, Bookkeeper [Print Name & Title]

#### Application to be submitted to:

Ohio Department of Health Bureau of Maternal and Child Health 246 North High Street, 6<sup>th</sup> floor Columbus, OH 43215 Attention: Marius Igwe

Phone: 614.466.4634

Email: Marius.igwe@odh.ohio.gov

(Rev. October 2007) Department of the Treasury

#### Request for Taxpayer identification Number and Certification

Give form to the requester. Do not send to the IRS.

Business name, if different from above	C	·
Check appropriate box Individual/Sole proprietor Corporation IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Partnership corporation, P=partnership) ▶	. Biampt payee
Address (number, street, and apt, or suits no.)  4/0	Requester's nume	and acidrese (optional),
bryan 0H 43506		
List account number(s) here (optional)		
Enter your TIN in the appropriate box. The TIN provided must match the name glubackup withholding. For individuals, this is your social security number (SSN). However, so it is not a social security number (SSN). However, so it is not a social security number (SSN).	vever, for a resident	security number
NOT employer identification number (FIN) If you do not have a number see that	in make Tital on many 6	
you employer identification number (Eirl). If you do not have a number, see How i	to get a TIN on page 3.	Of ·
Note. If the account is in more than one name, see the chart on page 4 for guidelinumber to enter.	to get a TIN on page 3.	or Identification number
Note. If the account is in more than one name, see the chart on page 4 for guidelinament to enter.	to get a TIN on page 3.	
Note: If the account is in more than one name, see the chart on page 4 for guidelinumber to enter.  Certification	to get a TIN on page 3.	
Note. If the account is in more than one name, see the chart on page 4 for guidelinumber to enter.  Certification  Juder penalties of parjury, I certify that:  The number shown on this form is my correct taxpayer identification number to	ines on whose	the interest to make
Note. If the account is in more than one name, see the chart on page 4 for guidelinumber to enter.  Certification  Inder penalties of perjury, I certify that:  The number shown on this form is my correct taxpayer identification number (or i am not subject to backup withholding because: (a) I am exempt from backup Revenue Service (IRS) that I am subject to backup withholding as a result of a notified me that I am no longer subject to backup withholding, and	ines on whose	ne issued to me), and
Note. If the account is in more than one name, see the chart on page 4 for guidelinumber to enter.  Certification  Juder penalties of perjury, I certify that:  The number shown on this form is my correct taxpayer identification number (c. I am not subject to backup withholding because: (a) I am exempt from backup Revenue Service (IRS) that I am subject to backup withholding as a result of a notified me that I am no longer subject to backup withholding, and  I am a U.S. citizen or other U.S. person (defined below).	ines on whose  Ines on whose  or I am waiting for a number to be withholding, or (b) I have not be fallure to report all interest or displayed.	ne issued to me), and en notified by the internal vidends, or (c) the iRS has
Inder penalties of parjury, I certify that:  The number shown on this form is my correct taxpayer identification number (c. i am not subject to backup withholding because: (a) I am exempt from backup Revenue Service (IRS) that I am subject to backup withholding as a mouth of a	ines on whose  Ines on whose  In I am waiting for a number to be withholding, or (b) I have not be failure to report all interest or discontinuous and the state of the state	the issued to me), and the notified by the internal vidends, or (c) the iRS has

arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

U.S. person > General Instructions

Signature of

Section references are to the internal Revenue Code unless otherwise noted.

#### Purpose of Form

Here

A person who is required to file an information return with the IRS must obtain your correct texpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- · 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also cartifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section) 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that Therefore, if you are a U.S. person that is a partner in a foreign person, and pay the withholding too.

Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,



### SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. <u>Incomplete forms will be returned</u>. All information must be legible. Ensure this is the latest version of the form at <a href="https://www.ohiosharedservices.ohio.gov">www.ohiosharedservices.ohio.gov</a>.

SECTION 1 DI CACE OPPORT		
SECTION (1. PLEASE SPECIFY TYPE OF		A CONTRACTOR OF THE PROPERTY O
NEW (W-9 OR W-SECI FORM ATTACHED)	CHANGE OF CONTAC	CT PERSONINFORMATON
ADDITIONAL ADDRESS		
CHANGE OF ADDRESS - (PLEASE PROVID	E OLD ADDRESS BELOW	OR ATTACH ( ETTER)
ADDRESS TO BE REPLACED:		
CHANGE OF TIN (W-9 & A CHANGE OF TIN I	FORM MONAGE	
	• •	GE OF NAME (W-9 & A CHANGE OF NAME FORM)
	PO DISPATCH METHOD	
ECTION 2 - PLEASE PROVIDE SUPPLIER	INFORMATION (REQUI	RED)
EGAL BUSINESS OR INDIVIDUAL NAME: (MUST	MATCH W-9 or W-8ECI Fo	ORM)
PC Women's Health	Kesource	•
SINESS NAME, TRADE NAME, DOING BUSINES	SS AS: (IF DIFFERENT TH	AN ABOVE)
EDERAL EMPLOYER ID (EIN) OR SOCIAL SECUI	RITY NIIMBED (seek)	
EDERAL EMPLOYER ID (EIN) OR SOCIAL SECU	RITY NUMBER (SSM) <sup>1</sup> ;	
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CTION 3 - REMIT TO ADDRESS (REQUIRED		COUNTY:
CTION 3 REMIT TO ADDRESS (REQUIRED DRESS:		county: Williams
DORESS:  1410 W. High St.  DORESS (CONT.):		COUNTY: Williams
CTION 3 REMIT TO ADDRESS (REQUIRED DRESS: 1410 W. High St. DRESS (CONT.):		Williams
CTION 3 REMIT TO ADDRESS (REQUIRED DRESS:  1410 W. High St.  DRESS (CONT.):  Y:	D) R PARTICION	Williams ZIP CODE:
CTION 3 REMIT TO ADDRESS (REQUIRED DRESS:  1410 W. High St.  DRESS (CONT.):  Y:  Y:  NTACT NAME:	STATE:	Williams
EDERAL EMPLOYER ID (EIN) OR SOCIAL SECURE ECTION 3 - REMIT TO ADDRESS (REQUIRE DORESS:  1410 W. High St.  DORESS (CONT.):  TY:  TY:  TY:  TY:  TY:  Anet Burkholder	STATE:	Williams ZIP CODE:
PRESS:  1410 W. High St.  1000 DRESS (CONT.):  TY:  TY:  TY:  TY:  TY:  TY:  TY:  T	STATE:	Williams  ZIP CODE: 43506
PRESS:  1410 W. High St.  1000 DRESS (CONT.):  TY:  TY:  TY:  TY:  TY:  TY:  TY:  T	STATE:	Williams  ZIP CODE: 43506
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SECTION BE SEN	N 8 CONTACT PERSON TO RECEIVE E MAIL N TO THE E-MAIL ADDRESS BELOW (BUSINE)	IOTICE OF BID EV	ENTS - A USER ID & PASSWORD WILL
NAME:	Janet Burkholder	4年9年前,1	相等。其他自然相似的是16世纪的16年,但是4世纪
E-MAIL:	lanet a cocnue ora		
TO ADD	AN ADDITITIONAL OR TO REPLACE THE CURRENT	F STRATEGIC SOL	IPCING (SS) CONTACT
□ A	DDITIONAL STRATEGIC SOURCING CONTACT	REPLACE S	S CONTACT (WILL BE MARKED INACTIVE)
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E-MAJL:			
SECTION Invoices w	6 PAYMENT TERMS (PLEASE CHECK ONE - IF ill be paid in 30 days from invoice date unless an alter	NONE IS SELECT	ED THEN NET 30 WILL APPLY
	NET 30 NET 30		PACIFICACIONES CONTRACTOR
SECTION	7 - PURCHASE ORDER DISTRIBUTION OTHER	TH <b>AN USPS</b> MAIL	(ONLY APPLICABLE TO THE
E-MAIL OR	FAX:		( THE PERSON IN THOSE RECEIVING HOS)
SECTION	8 - PLEASE SIGN & DATE (REQUIRED)	作者 坚持病毒	W. West Ten Save Tonyests and
PRINT NAM	E:	NO. 2011/2011/2011/2011/2011	
Jan	et Burkholder		
SIGNATURE	( AND THE TEN SIGNATURE REQUIRED)		DATE:
-	and Burkfelder		6-6-16
SECTIONS	STATE OF OHIO AGENCY, CONTACT PERSON	(AGENCY RECEI	VING PAYMENTS FROM)
AGENCY CC	ONTACT NAME/E-MAIL/PHONE:		1
COMMENT	S:		
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lote: This do Pursuant to : RS the amou	cument contains sensitive information. Sending via non-s 26 USC 6109, the state is required to collect TIN/EIN/Soc nt the state has paid each supplier.	ecure channels, inclu lai Security numbers	ding e-mail and fax can be a potential security risk, and to use the numbers in its annual report to the
SELECT.	ONE OF THE FOLLOWING METHODS FOR	QUESTIONS	? PLEASE CONTACT:
Email: Fax: Mail:	Supplier@ohio.gov 1°(614) 485-1052 Ohio Shared Services Atta: Supplier Operations P.O. Box: 182880 Cols., OH 43218-2880	Website: w	(877) OHIO - SS1 (1-877-644-6771) (614) 338-4781 www.phiosharedservices.phio.gov/ pplier@ohio.gov

OBM-5657



## CHANGE OF SUPPLIER NAME FORM

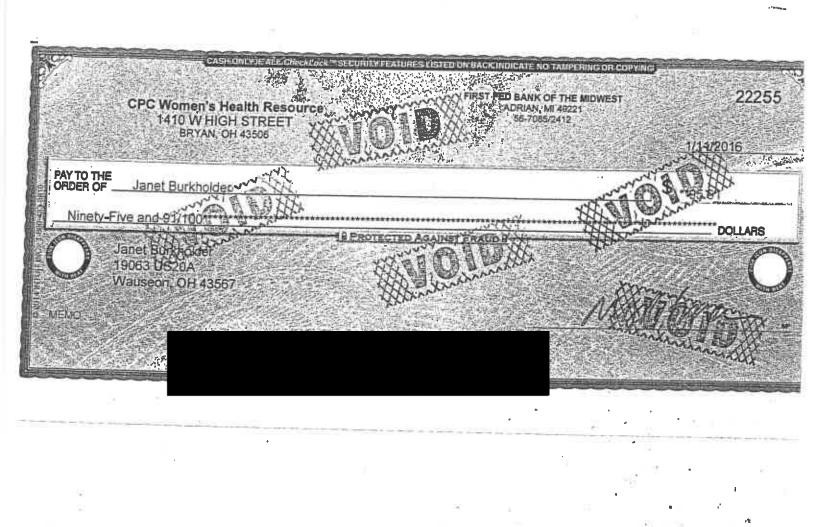
SECTION 1 - NEW NAME INFORMATION  NEW LEGAL BUSINESS NAME:  CPC Women's Health Resource  NEW DBA NAME/S (IF APPLICABLE):  SECTION 2 - PREVIOUS NAME INFORMATION  PREVIOUS LEGAL BUSINESS NAME:  Community Pregnancy Centers of Northwest Ohio  PREVIOUS DBA NAME/S (IF APPLICABLE):  SECTION 3 - REASON FOR THE NAME CHANGE AND ADDITIONAL COMMENTS  The board felt the new name better reflected the Services  We offer.
NEW DBA NAME/S (IF APPLICABLE):  SECTION 2 - PREVIOUS NAME INFORMATION  PREVIOUS LEGAL BUSINESS NAME:  Community Pregnancy Centers of Northwest Ohio  PREVIOUS DBA NAME/S (IF APPLICABLE):  SECTION 3 - REASON FOR THE NAME CHANGE AND ADDITIONAL COMMENTS  The board felt the new name better reflected the Services  We offer.
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the board fult the new name better reflected the Services we offer.  SECTION 4-TAX IDENTIFICATION NUMBER
SECTION 4 – TAX IDENTIFICATION NUMBER
RITY NUMBER (REQUIRED'):
CONTOR 3- FLEASE SIGN AND DATE
PRINT NAME: Janet Burkholder DATE:
SIGNATURE: Janet Surtlelder
CONTACT PHONE NUMBER:
ole: Tris document done receipt and the control of
ursuant to 26 USC 6109, the state is required to collect TiN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the countries state has paid each vendor.
ELECT ONE OF THE FOLLOWING METHODS FOR QUESTIONS? PLEASE CONTACT
OCUMENT SUBMISSION:
=mail: <u>supplier@ohlo.gov</u> =ax: 1 (614) 485-1052 (1-877-644-6771)
Maii: Ohio Shared Services Website: www.OhioSharedServices.ohio.gov Attn: Supplier Operations E-mail: supplier@ohio.gov
P.O. Box 182880 Cols., OH 43218-2880



Please review the instructions available on page 2 prior to completing this form.

#### **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS**

SECTION 1: CONTACT INFORMATIO	ON The state of th		TO EFF PATIVIEN	
TAX IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)				
Please note: We are required to obtain your IRS as required by law.	Tax Identification Number pursuant to	o Section 6109 of the Internal R	evenue Code so that we can	report income paid to you to the
NAME OF COMPANY OR INDIVIDUAL	CPC Women's	Health Res	ource	TYPE OF TRANSACTION
ADDRESS	1410 W. High		/ ROOM #	⊠ ADD
PHONE	Bryan	O H STATE	43504 ZIP CODE	☐ CHANGE/UPDATE ☐ INACTIVATE
EMAIL ADDRESS	419-636-			-
CHOOSE THE STATE AGENCY FROM	Janet@cpenwo		LOTTERY WINNER	ALL OTHER
WHICH YOU ARE BEING REIMBURSED	MEDICAID PROVIDER	PROVIDER#		ALEGINER
	AUTHORITY required)	ASSIGNING UTHORITY		
SECTION 2: NEW FINANCIAL INFORM	ATION	SECTION 3: PRIOR FIN	ANCIAL INFORMATIO	V
BANK VERIFICATION MUST PROPERTY FINANCIAL INSTITUTION NAME ACCOUNT TYPE	fed Bank of the middle	MUST RE	PROVIDED TO CHANGE/UP	
NEW ACCOUNT NUMBER		PRIOR ACCOUNT NUMBE		
Account Number supplied must match atte		Account Number supplied PRIOR TRANSIT ROUTING /ABA NUMBER		
outing Number supplied must match atta ECTION 4: READ THE AGREEMENT, S	GN, & DATE DIGITAL/TYPED	Routing Number supplied  AND STAMPED SIGNAT	URES ARE NOT ACCEP	oting Number on file TED AT THIS TIME
Account aparties with the remain	al al Christian 29 Services (CSS).	lain 1900 Gregoria ha	रीक्ष गण्यसम्बद्ध	
	Company of the compan	and the first section of the section	Recursort entities to distan	context of the flow action (2) to the model by the second
I have attached a copy of a current	volded check or included a bank	letter on bank letterhead si	gned by a bank represent	ative.
Medicaid PROVIDERS – I have ensu  I have printed and signed the form	red the Name, Address, TIN, NPI#	& Provider Number match	es the Information in the	MITS Medicald Web Portal.
X game Burd	Jan Jan	et Burkhold	er	5/23/16
È mail: ,	Select one of the following	methods to submit this for	n: 1	A PARAMETER AND A PARAMETER AN
supplier@ohio.gov	Ohio Shared Services, A	Mail: Attn: Supplier Operations Ambus, OH 43218-2880	1-614	Fax: 485-1052



## INVOICE

Invoice #: 0101

Invoice Date: 09/13/2016

Purchase Order #: **DOH01-0000045579** 

OAKS Vendor #: 0000065135

Bill To: Ohio Department of Health

Bureau of Maternal, Child and Family Health

P.O. Box 118

Columbus, Ohio 43216

Remit To: CPC Womens Health Resource

1410 W High St

Bryan, Ohio 43506

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$ 990.00

Approval Date: 918 3110 Qb foruk	Grand Total	\$990.00
Approval Date:		<b>7330.00</b>

#### Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services <u>MUST</u> be included on the invoice.

### Dept of Health

Supplier: 0000065135 CPC WOMENS HEALTH RESOURCE 1410 W HIGH ST BRYAN OH 43506

	Die	spatch via P	rint
Purchase Order	Date	Revision	Page
DOH01-0000045579	08/30/20	16	
Payment Terms Freight	Terms		Ship Vie
	stination,	Prepaid	N/A
	Phone		Currency
KENNON A HUGHES			USD

Ship To: Dept of Health P003574

KENNON A HUGHES P.O. Box 118 (614) 468-3543 Columbus OH 43216-0118 United States

Bill To:

Dept of Health P.O. Box 118 (614) 468-3543

Columbus OH 43216-0118

				United States	
	Quantity	UOM	mp 1 mm . 9 Mild have communicated big. 40 s.m.s.	Unit Price	Extended Amt Due Date
1- 1	1	AMT	Choose Life Program	990	990.00
				Schedule Total	990.00
ODH Contact: N	farius Igwe	614-468-463	4 Contract# 8022	item Total	990.00
			· · · · · · · · · · · · · · · · · · ·		

**Total PO Amount** 

990.00

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head Richard Hodges, MPA Director of Health





### OHIO DEPARTMENT OF HEALTH

246 North High Street Columbus, Ohio 43215

614/466-3543 www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of I-lealth

Janet Burkholder CPC Women's Health Resource 1410 W. High Street Bryan, OH 43506

Tax ID

Dear Ms. Burkholder:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

Henry \$ 60.00

• Fulton \$ 140.00

Defiance \$ 240.00

Paulding \$ 160.00

Putnam \$ 100.00

Van Wert \$ 60.00

Wood \$ 170.00

Williams \$ 60.00

Application(s) was not approved for funding in the following county(s) for the following reason(s):

Lucas

Other applicant organization located in county

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$990.00 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant Marius Igwe at Marius.lgwe@odh.ohio.gov or phone 614-466-4634.

Sincerell)

Director of Mentes M